

ovarian disease, who enjoyed good health, independent of that disease, and lived to the age of seventy-two years, dying then of some other complaint.

Mr. Lloyd alluded to cases where paracentesis abdominis had been performed several times, the patients living some time afterwards.

Dr. Copland agreed with Mr. Lawrence in opinion as regarded this operation, and thought that medical treatment was more to be relied on than the members seemed inclined to admit. He had seen cases in which, by the adoption of appropriate medical treatment, a cure had been effected, and others in which the further progress of the disease had been arrested. Some of these patients were now living, and presented very little appearance of ovarian disease. The cases that promise best for the success of the operation, are precisely those in which medical treatment should be had recourse to. Not even tapping should be performed, but the patient should have change of air, nourishing diet, and such medicines as invigorate the constitution.—*Med. Times*, Jan. 20, 1844.

37. *Tracheotomy in the last stage of Croup*.—Dr. SCOUTETTEN, Prof. at the Military Hospital, Strasbourg, communicated to the French Academy of Sciences on the 8th January last, a case of croup in which tracheotomy was resorted to successfully. The subject of this case was the professor's own daughter.

This child, when three weeks old, woke up suddenly in the night greatly agitated; refused to take the breast; respiration stertorous; little or no cough. These untoward symptoms disappeared in the course of the next day, and three weeks passed away without any further accidents. On the 22d Jan. 1840, just after she had been washed, and while still naked, she was exposed to a cold draught, without seeming at the time to be affected. The succeeding night she was taken with the above-mentioned symptoms; the skin hot; pulse 120; tympanitis; little or no cough; hurried respiration; whistling sound during expiration. The same remedies were administered as before. 23d. Child continued in the same state until 11 P. M., when she appeared somewhat better, but after two hours the symptoms reappeared; mustard poultices were placed on the lower extremities, but they created so much irritation that it became necessary to dress the parts with simple ointment, mixed with the tinct. opii, and to cover them with compresses steeped in cold water. 24th. No amelioration: a consultation was held, and the only remedy proposed was a blister to the nape of the neck: at 3 P. M., the child threw up a considerable quantity of viscid mucus of a grayish colour, which seemed to relieve it. At midnight, the symptoms having increased in intensity, and the weakness of the child counter-indicating antiphlogistics, Dr. S. endeavoured to produce vomiting, by titillating the fauces, and succeeded in producing slight nausea, followed by the expulsion of mucus and some pseudomembranes. This being insufficient, he administered two grains of tartar emetic with very little benefit. Death appeared now imminent; the face and lips were deadly pale; muscles relaxed; breathing very weak; pulse insensible; extremities cold. Insufflation by the mouth seemed to produce a slight amelioration, but as the greater part of the air was lost in the mouth, pharynx, and fossa nasalis, he introduced a gum elastic sound into the trachea, which, though useful, caused so much irritation, cough, vomiting, and spasms, that he was obliged to withdraw it. This was no sooner done, than the symptoms reappeared, and it became necessary to introduce it and remove it several times. A consultation was again held, and the general opinion was that death was inevitable, and the operation therefore useless. But as the beating of the heart still showed that life was not extinct, Dr. S. resolved, however acute his sufferings might be, to operate himself, rather than wait for the colleague who had promised to do so. The skin &c. divided, he was about to open the trachea when M. M.—, whom he had requested to keep his finger on the pulse, exclaimed, "It no longer beats." Dr. S. ceased immediately, and insufflated some air into the lungs, which animated the child. The trachea was then opened; the air rushed into the lungs and the child opened its eyes; not having a dilator, Dr. S. introduced the sound he had previously employed, and insufflated

some air; finding this produced no effect, he endeavoured to imitate the movements of expiration, by pressing on the thorax, producing thus an artificial respiration. The child remained in this precarious state for two hours longer, during which insufflation was constantly necessary, after which it recovered gradually. The extremities, however, being still very cold, they were enveloped with hot flannel. The breath continuing to be very offensive, the mucous membrane of the mouth and fauces were touched with a hair brush, dipped in muriatic acid. On the third day there was a slight irritation of the chest, and two leeches were applied, which greatly relieved the little sufferer. On the fifth day the air passed, for the first day since the operation, through the mouth and nostrils; the canula was therefore removed from time to time; on the tenth day the wound was united, and twelve days after, cicatrization was complete. During convalescence, after a good deal of pain, a considerable quantity of pus escaped from the ear, after which the child soon recovered, and is now quite well.—*Ibid.*

38. *Diagnosis of Aneurism of the Aorta.* By Dr. O'BRYEN.—When an aneurism is buried deep in the chest, and not capable of being detected by sight or touch, it does not present a single general sign peculiar to itself, and therefore pathognomonic of its existence. Cases are not wanted in which it occasioned no functional derangement or inconvenience whatever, and the first circumstance that reveals it is sudden death. There is only one unequivocal and certain sign, viz. a tumour presenting itself externally, having an expansive as well as a heaving pulsation, synchronous with the systole of the heart. Of the remaining general signs, viz. difference in the radial pulses, constriction at top of sternum, purring tremor, aphonia, dysphagia, pain in the spine, palpitation, dyspnoea, cough, tendency to syncope, terrific dreams, starting from sleep, haemoptysis, discoloured complexion, congestions, serous infiltration, &c. &c., a large number is identical with those of organic disease of the heart or lungs, from identity of cause—obstruction to the circulation. The first seven mentioned above are however more characteristic than the others, although yet ambiguous and unsatisfactory, as they only bespeak secondary lesions, while they fail to proclaim the latent cause of the mischief. But when they coincide with the results of auscultation, they lose their ambiguity, and rise into real importance; for the general and stethoscopic signs reciprocally borrow a precision and certainty, of which, when taken separately, they are destitute.

*Physical signs.*—The most direct or positive symptoms of aneurism are derived from the impulse and murmur caused by or within the diseased vessels. Of course I mean when taken conjointly with those arising from compression or destruction.

When dilatation of the arch and ascending aorta is present, its presence is indicated, 1st, by a constant pulsation above the sternal ends of the clavicles; strongest at the side the enlargement is confined to; but this pulsation is never communicated to the costae or sternum, unless the tumour is extremely large. 2dly, A hoarse murmur, loudest in the same situation, is generally present, synchronous with the systole, and having the same duration; this sound, like the impulse, will vary with the situation of the dilatation. I said loudest above the clavicles, because this fact greatly assists in distinguishing it from that which proceeds from diseased aortic valves. It is also usually distinct on the back. 3dly, A purring tremor felt likewise above the clavicles, strong in direct ratio to the force of the circulation and to the rough and unequal state of the aortic membrane.

I am not aware of any general symptoms, or combination of them, characteristic of this affection.

*Diagnosis.—False aneurism.*—Sacculated thoracic aneurism indicates its presence by a pulsation both above and below the clavicles (stronger below). In the front the pulsation is more forcible over the tumour than at any point intermediate between it and the heart, or indeed than the impulse of that organ itself; when the disease is situated either in the beginning or middle of the arch, the